

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10 581 409 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
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TOTAL IND.	1		1		1	
TOTAL DEP.	21		21		21	
TOTAL CLAIMS	22		22		22	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1		1	
TOTAL DEP.			21		21	
TOTAL CLAIMS			22		22	